

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90206 001 ****50.00

DOCUMENT # L01000004702

1. Entity Name

LIZA BISHOP FAMILY, LLC

DO NOT WRITE IN THIS SPACE

965762

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
P.O. BOX 245

Suite, Apt. #, etc.
P.O. BOX 245

City & State
LEVANT, MAINE

City & State
LEVANT, MAINE

Zip
04456

Country
U.S.A.

Zip
04456

Country
U.S.A.

4. FEI Number
01-0542076

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

7. Name and Address of Current Registered Agent

Name
GARDNER, MERRITT A.

Street Address (P.O. Box Number is Not Acceptable)

401 E. JACKSON STREET, SUITE 2650

City
TAMPA

FL

Zip Code
33602

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IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MANAGER
BURGOYNE, LIZA G.
94 DILL ROAD, LEVANT, ME 04456

TITLE
NAME
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4/29/02 207-884-8709

CR2E083B (12/01)